

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD-HOBBS

HOBBS OCD

FORM APPROVED  
OMB No. 1004-0137  
Expires: March 31, 2007

## SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an  
abandoned well. Use Form 3160-3 (APD) for such proposals.JAN 02 2013  
RECEIVED

5. Lease Serial No.

LC-060825 (A)

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

Myers Langlie Mattix Unit

8. Well Name and No.

Myers Langlie Mattix Unit #0

9. API Well No.

30-025-26968

10. Field and Pool, or Exploratory Area

Langlie Mattix

11. County or Parish, State

Lea Co., NM

## SUBMIT IN TRIPLICATE- Other instructions on reverse side.

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

OXY USA WTP Limited Partnership

3a. Address

1017 W. Stanolind Rd., Hobbs, NM 88240

3b. Phone No. (include area code)

575-397-8247

4. Location of Well (Footage, Sec., T., R./M., or Survey Description)

G-30-238-37E, 1880 FNL &amp; 1880 FEL

## 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

## TYPE OF SUBMISSION

- ☐
- Notice of Intent
- 
- ☒
- Subsequent Report
- 
- ☒
- Final Abandonment Notice

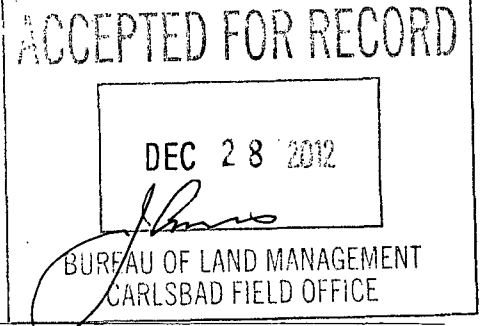
## TYPE OF ACTION

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Acidize              | <input type="checkbox"/> Deepen           | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off                            |
| <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Fracture Treat   | <input checked="" type="checkbox"/> Reclamation    | <input type="checkbox"/> Well Integrity                            |
| <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete                | <input checked="" type="checkbox"/> Other <u>Final Abandonment</u> |
| <input type="checkbox"/> Change Plans         | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon       |  |
| <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back        | <input type="checkbox"/> Water Disposal            |  |

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

ALL REQUIREMENTS FOR FINAL ABANDONMENT HAVE BEEN MET. THIS SITE IS READY FOR INSPECTION.

Monitoring for revegetation

14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

Dusty L. Wilson

Title HES Specialist

Signature

Date

09/21/2011

## THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

MJB/OCD 1/4/2013

JAN 08 2013